

1 **BEFORE THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS**

2 **IN MEDICINE AND SURGERY**

3

4 In the Matter of 5 <b>LYNNE PIRIE, D.O.</b> 6 Holder of License No. <b>1878</b> 7 For the Practice of Osteopathic Medicine In the State of Arizona.	Case No. DO-08-4058A OAH Case No. 10A-DO-08-4058A-OST  <b>ORDER DENYING MOTION FOR REHEARING OR REVIEW</b>  (Revocation of License)
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9 At its public meeting on January 27, 2011, the Arizona Board of Osteopathic Examiners in  
10 Medicine and Surgery ("Board") considered a Motion for Rehearing or Review filed by Lynne  
11 Pirie, D.O. ("Respondent"). Respondent requested the Board rehear or review its November 24,  
12 2010, Findings of Fact, Conclusions of Law and Order for Revocation of License in Case No. DO-  
13 08-4058A (OAH Case No. 10A-DO-08-4058A-OST). The Board voted to deny the Respondent's  
14 Motion for Rehearing or Review upon due consideration of the facts and law applicable to this  
15 matter.  
16

17 **ORDER**

18 **IT IS HEREBY ORDERED that:**

19 Respondent's Motion for Rehearing or Review is denied. The Board's November 24,  
20 2010, Findings of Fact, Conclusions of Law and Order for Revocation of License Probation in Case  
21 no. DO-08-4058A (OAH Case No. 10A-DO-08-4058A-OST is effective and constitutes the Board's  
22 final administrative order.  
23

24 **RIGHT TO APPEAL TO SUPERIOR COURT**

25

Respondent is hereby notified that she has exhausted her administrative remedies.  
Respondent is advised that an appeal to Superior Court in Maricopa County may be taken from  
this decision pursuant to title 12, chapter 7, article 6 of Arizona Revised Statutes.

DATED this 28<sup>th</sup> day of January, 2011.



ARIZONA BOARD OF OSTEOPATHIC EXAMINERS  
IN MEDICINE AND SURGERY

By:   
Elaine LeTarte, Executive Director

ORIGINAL of the foregoing filed this  
28<sup>th</sup> day of January, 2011 with:

Arizona Board of Osteopathic Examiners  
In Medicine and Surgery  
9535 East Doubletree Ranch Road  
Scottsdale AZ 85258-5539

Executed copy of the foregoing  
mailed by U.S. Mail this 28<sup>th</sup> day of January 2011 to:

Pamela Eaton, Esq.  
4158 W Beryl Avenue  
Phoenix AZ 85051

Lynne B. Pirie, D.O.  
711 E Carefree Highway #208  
Phoenix AZ 85085

Camila Alarcon, Asst Attorney General  
Office of the Attorney General  
Civil Division / Licensing Enforcement Section  
1275 W Washington  
Phoenix, AZ 85007

**BEFORE THE BOARD OF OSTEOPATHIC EXAMINERS**  
**IN MEDICINE AND SURGERY**

In the Matter of:

**LYNNE PIRIE, D.O.**

Holder of License No. 1878  
For the Practice of Osteopathic Medicine  
In the State of Arizona

**No. 10A-DO-08-4058A-OST**

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND  
ORDER FOR REVOCATION OF  
LICENSE**

*On November 20, 2010, this matter came before the Arizona Board of Osteopathic Examiners in Medicine and Surgery ("Board") for oral argument and consideration of the Administrative Law Judge ("ALJ") Brian B. Tully's proposed Findings of Fact and Conclusions of Law and Recommended Order. Dr. Lynne Pirie ("Respondent") was present, and was represented before the Board by legal counsel Pamela Eaton. Assistant Attorney General Camila Alarcon represented the State. Christopher Munns, Assistant Attorney General with the Solicitor General's Section of the Attorney General's Office, was present to provide independent legal advice to the Board.*

*The Board, having considered the ALJ's decision, the arguments of the parties and the entire record in this matter, hereby issues the following Findings of Fact, Conclusions of Law and Order. The Board adopted the Findings of Fact with the following modifications based on the grounds set forth by the State, which are hereby incorporated by reference: Finding of Fact 5; change date of guilty plea from July 23, 2008 to July 23, 2009 (Exhibit B-14); Finding of Fact 24, change "DEHEA" to "DHEA" (Ex B-6 at 30); Findings of Fact 44 and 48, add periods at end of sentences; Finding of Fact 47, interject "deficiency" between "testosterone" and "syndrome" (Ex B-7); Finding of Fact 63, change "high cholesterol" to "normal cholesterol" (Ex B-10); add new Finding 90; supported by record (Ex B-2 at 25-26, Ex B-12, Tr 72 at ll. 12-17).*

1 *The Board adopted the recommended Conclusions of Law and Order, with the*  
2 *modification that the Respondent be assessed the costs of the hearing based on the*  
3 *serious nature of the conduct, the number of violations, and the clear pattern of the*  
4 *conduct.*

### 5 **FINDINGS OF FACT**

- 6 1. The Arizona State Board of Osteopathic Examiners in Medicine and Surgery  
7 ("Board") is the authority for licensing and regulating the practice of osteopathic  
8 medicine in the State of Arizona.
- 9 2. Lynne Pirie, D.O. is the holder of License No. 1878 issued by the Board for the  
10 practice of osteopathic medicine.
- 11 3. Dr. Pirie is board-certified in family practice with a subspecialty of sports  
12 medicine. Dr. Pirie is also board-certified in anti-aging medicine by the Academy  
13 of Anti-Aging Medicine.
- 14 4. In March 2008, the Board initiated case number DO-08-4058A after receiving  
15 notification that Dr. Pirie was under investigation by the U.S. Drug Enforcement  
16 Administration ("DEA").
- 17 5. As a result of the DEA's investigation, Dr. Pirie pled guilty to Distribution of  
18 Human Growth Hormone ("HGH"), a Class D felony, in the United States District  
19 Court, District of Arizona, on July 23, 2008. According to Court documents, Dr.  
20 Pirie admitted that she knowingly distributed, or possessed with an intent to  
21 distribute, HGH for use in humans other than for treatment of a disease or other  
22 recognized medical condition authorized by the Secretary of Health and Human  
23 Services under 21 U.S.C. § 355. Dr. Pirie prescribed HGH to a patient who did not  
24 have any disease or other recognized medical condition that would have authorized  
25 Dr. Pirie's treatment in prescribing or administering Somatropin, an HGH, in  
26 violation of 21 U.S.C. § 333(e)(1).

6. Pursuant to her plea agreement, Dr. Pirie was placed on supervised probation for approximately 18 months, effective October 14, 2008, and was fined \$250.00. Dr. Pirie also agreed to cooperate with the federal government on another case it was investigating.
7. As part of its investigation, the DEA pulled the medical records of 10 of Dr. Pirie's patients, which were reviewed by Thomas Perls, M.D., a federal medical expert. As a result of his review of those patients' files, Dr. Perls alleged that Dr. Pirie committed unprofessional conduct in several areas.
8. John O'Hair-Schattenberg is the Board's investigator who gathered information for the Board's investigation of Dr. Pirie.
9. In 2001, the DEA investigated Cactus Pharmacy concerning HGH. During that investigation, it was discovered that Dr. Pirie was a major purchaser of steroids and HGH from Cactus Pharmacy.
10. Barbara Prah, D.O. is the Board's medical consultant assigned to the Board's investigation. She is board-certified in family practice.
11. Dr. Prah described the standard of care as what a reasonable physician would do in a similar situation.
12. Dr. Prah obtained and reviewed a complete set of medical records from Dr. Pirie for each of the 10 patients whose records were reviewed by Dr. Perls in the DEA's investigation. Those patients were C.A., H.N., G.G., M.J., R.L. #1, R.L. #2, P.N., J.J., S.P., and J.C.
13. As a result of the Board's investigation, the Board issued a Complaint and Notice of Hearing in Case No. 10A-DO-08-4058A-OST on May 20, 2010. The Board charged Dr. Pirie with acts of unprofessional conduct.
14. The Board referred Case No. 10A-DO-08-4058A-OST to the Office of Administrative Hearings, an independent agency, for an evidentiary hearing.

*Patient C.A.*

15. Patient C.A., at the time a 47-year old male, began seeing Dr. Pirie in September 1997, for an anti-aging program.
16. C.A. had been taking HGH prescribed by another physician since 1996.
17. After a thorough physical examination, Dr. Pirie diagnosed C.A. with adult growth hormone deficiency syndrome by history, subclinical hypothyroidism by history, testicular hypofunction by history, adrenal insufficiency by history, and multiple nutritional deficiencies by history. Dr. Pirie placed C.A. on a treatment plan that included 4 units of synthetic HGH, which she increased to 6 units in the following 2 weeks.
18. Dr. Pirie thereafter saw C.A. sporadically.
19. In 2006, Dr. Pirie diagnosed C.A. with adrenal insufficiency, benign prostatic hypertrophy, drug maintenance therapy, hormone imbalance, hyperlipidemia, hypertension, hypothyroidism, and testicular hypofunction.
20. In 2007, Dr. Pirie diagnosed C.A. with adrenal insufficiency, adult growth hormone deficiency, drug maintenance therapy, hormone imbalance, hyperlipidemia, and testicular hypofunction.
21. After reviewing Dr. Pirie's patient records for C.A., Dr. Prah opined that Dr. Pirie had not performed any growth hormone testing on patient C.A.
22. The standard of care requires that a physician support a patient's diagnosis.
23. Dr. Pirie deviated from the standard of care in that C.A.'s patient records do not support a diagnosis of adrenal insufficiency.
24. Dr. Pirie deviated from the standard of care in that C.A.'s medical records do not support a diagnosis of hypertension because there is no evidence that C.A. had elevated blood pressure and C.A. was not otherwise prescribed any antihypertensive medications.

25. Dr. Pire deviated from the standard of care in that C.A.'s medical records do not support a diagnosis of adult growth hormone deficiency syndrome.

***Patient H.N.***

26. On June 13, 2002, patient H.N., at the time a 56-year old male, began seeing Dr. Pirie in order to pursue HGH treatment for improving his energy.

27. In October 2002, Dr. Pirie diagnosed H.H. with adult growth hormone deficiency syndrome, sleep apnea, and hyperlipidemia. He was placed on DHEA 50 mg.

28. On or about October 1, 2002, Dr. Pirie started H.N. on HGH. H.N. continued to take HGH until sometime after January 10, 2006.

29. Dr. Pirie deviated from the standard of care in that H.N.'s records do not support a diagnosis of adult growth hormone deficiency syndrome.

***Patient G.G.***

30. On July 30, 2002, patient G.G., at the time a 54-year old male, began seeing Dr. Pirie. Dr. Pirie did not take a physical examination of G.G., but labs were taken in August 2002.

31. In May 2006, patient G.G. expressed interest in seeking HGH treatment from Dr. Pirie. Dr. Pirie diagnosed G.G. with adrenal insufficiency, drug maintenance therapy, hormone imbalance, adult growth hormone deficiency syndrome, arthritis, benign prostatic hypertrophy, hypothyroidism, multiple nutritional deficiencies, testicular hypofunction, urinary tract infection, hyperlipidemia, and glucose intolerance. Dr. Pirie placed G.G. on testosterone gel, HGH 0.4 mg, HGH 0.2 mg, and DHEA.

32. Dr. Prah opined that Dr. Pirie deviated from the standard of care in that the Dr. Pirie's patient records for G.G. do not support diagnoses of adrenal insufficiency,

1 anemia, glucose intolerance, hypothyroidism, urinary tract infection, or multiple  
2 nutritional deficiencies.<sup>1</sup>

3 ***Patient M.J.***

4 33. On February 6, 2003, patient M.J., then a 63-year old male, began seeing Dr. Pirie  
5 to discuss an anti-aging program. M.J. was a retired radiologist.

6 34. Dr. Pirie diagnosed M.J. with testosterone deficiency syndrome, adult growth  
7 hormone deficiency syndrome, adrenal insufficiency, hypothyroidism, and history  
8 of hyperlipidemia. Dr. Pirie started M.J. on HGH replacement 0.2 mg, DHEA, saw  
9 palmetto, and melatonin.

10 35. Dr. Pirie saw M.J. again March 6, 2006, for a follow-up regarding hormone  
11 replacement therapy and his laboratory results, which were not available in his  
12 records.

13 36. Dr. Pirie deviated from the standard of care in that the medical records for M.J. do  
14 not support diagnoses of adult growth hormone deficiency syndrome or adrenal  
15 insufficiency.

16 ***Patient R.L. #1***

17 37. In November or December of 2004, patient R.L. #1, at the time a 47-year old male,  
18 began seeing Dr. Pirie to discuss anti-aging and comprehensive hormone  
19 replacement therapy.

20 38. R.L. #1's medical records indicate that he was an athletic, 6'3" tall, 240-pound  
21 individual. He admitted to weight training four times a week.

22 39. After a consultation and a review of laboratory work, Dr. Pirie diagnosed R.L. #1  
23 with adrenal insufficiency, anemia, adult growth hormone deficiency syndrome,  
24 benign prostatic hypertrophy, hepatic dysfunction, hormone imbalance,

25  
26 <sup>1</sup> Dr. Pire testified that she used the code for adrenal insufficiency, but did not intend for it to become a  
diagnosis for this patient or the other patients in this case.



hyperlipidemia, hypothyroidism, multiple hormone deficiencies, and testicular hypofunction. Dr. Pirie started R.L. #1 on a hormone replacement therapy that included testosterone, HGH, DHEA, and saw palmetto.

40. Dr. Pirie's medical records for R.L. #1 do not support her diagnoses of adult growth hormone deficiency syndrome, adrenal insufficiency, benign prostatic hypertrophy, hypothyroidism, or testicular hypofunction.

41. Dr. Pirie deviated from the standard of care in that she started R.L. #1 on testosterone therapy, which increases cardiovascular risk, even though he had a family history of heart disease.

42. Dr. Pirie deviated from the standard of care in that R.L. #1's medical records do not support diagnoses of adult growth hormone deficiency syndrome, adrenal insufficiency, benign prostatic hypertrophy, hypothyroidism, or testicular hypofunction.

43. Dr. Pirie's medical records for R.L. #1 also contain a diagnosis of menopause, which Dr. Prah opined was an inadvertent error.

***Patient R.L. #2***

44. On December 14, 2004, patient R.L. #2, at the time a 61-year old male, began seeing Dr. Pirie.

45. R.L. #2 had laboratory work done previously, but the laboratory work was not available in his records.

46. Dr. Pirie performed a physical examination and history of R.L. #2.

47. Without ordering new laboratory work, Dr. Pirie diagnosed R.L. #2 with testosterone deficiency syndrome, adult growth hormone deficiency syndrome, adrenal insufficiency, hyperestrogenemia, borderline hyperinsulinemia, hyperlipidemia, low dihydroxytestosterone, family history of CVA, family history

of cancer, status post right shoulder rotator cuff repair, degenerative disc disease, and multiple althralgias.

48. Dr. Pirie started R.L. #2 on Nolvadex, testosterone replacement, saw palmetto, DHEA, HGH, and Crestor.

49. Dr. Pirie deviated from the standard of care in that the medical records for R.L. #2 records do not support diagnoses of adult growth hormone deficiency syndrome or adrenal insufficiency.

50. Dr. Pirie deviated from the standard of care in that her other diagnoses for R.L. #2 were not supported because his laboratory results were missing.

***Patient P.N.***

51. On November 29, 2004, patient P.N., at the time a 37-year old male, started seeing Dr. Pirie.

52. According to his medical records, P.N. was athletic, 6'4" tall, and weighed 236 pounds. P.N. weight trained three to four times a week.

53. Dr. Pirie diagnosed P.N. with testicular deficiency syndrome, fatigue, hormone imbalance, and erectile dysfunction.

54. P.N.'s laboratory work from December of 2004 indicated normal levels for IGF-1, TSH, T3, testosterone, free testosterone, and dihydroxytestosterone. P.N.'s cholesterol was slightly elevated.

55. In 2004, Dr. Pirie started P.N. on HGH and testosterone gel.

56. In January 2006, P.N.'s laboratory results showed elevated dihydroxytestosterone and low DHEA. Dr. Pirie diagnosed P.N. with adrenal insufficiency, fatigue, glucose intolerance, hyperlipidemia, hypothyroidism, multiple nutritional deficiencies, and testicular hypofunction.

57. By letter dated May 31, 2007, P.N. informed Dr. Pirie that there had been a long-term issue in receiving his testosterone cream and HGH from her office after

1 paying for them, and that he had not received his treatment that he ordered on May  
2 1, 2007.

3 58. Dr. Pirie deviated from the standard of care in that P.N.'s medical records do not  
4 support Dr. Pirie's diagnoses of adrenal insufficiency or testosterone deficiencies.  
5 For example, P.N.'s testosterone levels were within normal limits.

6 59. Dr. Pirie deviated from the standard of care in that her diagnoses of glucose  
7 intolerance and hypothyroid were not fully investigated.

8 *Patient J.J.*

9 60. On March 24, 2005, patient J.J., at the time a 53-year old male, started seeing Dr.  
10 Pirie for a consultation on HGH.

11 61. J.J. had more medical problems than the other patients in this case.

12 62. J.J.'s medical history revealed elevated cholesterol, an increase of abdominal fat,  
13 hypertension, and a decreased libido.

14 63. J.J.'s subsequent laboratory results revealed a normal CBC, normal cholesterol,  
15 elevated triglycerides, low HDL, elevated glucose, elevated ALT, elevated TSH,  
16 normal IGF-1, high hemoglobin, elevated fasting insulin, normal testosterone, and  
17 low DHEA unconjugated.

18 64. Dr. Pirie did not perform a physical examination of J.J.

19 65. Dr. Pirie diagnosed J.J. with testosterone deficiency syndrome, adult growth  
20 hormone deficiency syndrome, adrenal insufficiency, hyperlipidemia, hepatic  
21 dysfunction, diabetes mellitus uncontrolled, hypothyroidism, and a family history  
22 of diabetes.

23 66. Dr. Pirie started J.J. on Avandia, testosterone replacement therapy, Armour  
24 thyroid, and HGH.

1 67. Dr. Pirie deviated from the standard of care in that her diagnoses of and treatment  
2 of J.J. for adult growth hormone deficiency and adrenal insufficiency were  
3 unsubstantiated.

4 68. Dr. Pirie deviated from the standard of care in that she diagnosed and treated J.J.  
5 for a testosterone deficiency when he had a normal testosterone level.

6 69. Dr. Pirie deviated from the standard of care when she requested that J.J. follow up  
7 in two to three months, and not significantly sooner, when the patient started a new  
8 hypoglycemic agent and thyroid replacement.

9 70. Dr. Pirie deviated from the standard of care by not mentioning J.J.'s obesity or  
10 weight loss program in her diagnosis.

11 71. Dr. Pirie deviated from the standard of care by failing to conduct a physical  
12 examination of J.J.

13 *Patient S.P.*

14 72. On March 10, 2003, patient S.P., at the time a 41-year old female, began seeing  
15 Dr. Pirie for a consultation of insomnia.

16 73. Dr. Pirie performed a brief physical examination of S.P.

17 74. At that time, Dr. Pirie diagnosed S.P. with insomnia and perimenopausal  
18 syndrome. Dr. Pirie sent S.P. for laboratory studies.

19 75. On March 27, 2003, Dr. Pirie saw S.P. again. S.P.'s laboratory results revealed  
20 slightly elevated cholesterol, normal DHEA, normal testosterone, normal FSH, low  
21 C-reactive protein, normal insulin light growth, normal TSH and free T3.

22 76. Dr. Pirie diagnosed S.P. with insomnia and adult growth hormone deficiency  
23 syndrome. She advised S.P. to take pro-HGH or HGH-3x.

24 77. At a subsequent visit in June of 2006, S.P. was placed on bioidentical hormones.

25 78. S.P.'s medical records are unclear as to when S.P. was prescribed Estrase and  
26 DHEA.

- 1 79. In September of 2006, Dr. Pirie saw S.P. for anti-aging and cosmetic surgery,  
2 including CO<sup>2</sup> facial laser treatment, a TCA peel of 30% to her neck, and Botox  
3 injections.
- 4 80. Dr. Pirie started S.P. on HGH for re-epithelialization.
- 5 81. The use of HGH for healing is not an approved use.
- 6 82. Dr. Pirie diagnosed S.P. with adrenal insufficiency, anemia, fatigue, hormone  
7 imbalance, hyperlipidemia, hypothyroidism, and multiple nutritional deficiencies.
- 8 83. Dr. Pirie deviated from the standard of care in that her diagnoses and treatments of  
9 S.P. for adult growth hormone deficiency and adrenal insufficiency were  
10 unsubstantiated.
- 11 84. Dr. Pirie deviated from the standard of care in that her diagnoses of anemia and  
12 hypothyroidism for S.P. are unsupported.
- 13 85. Dr. Pirie deviated from the standard of care by prescribing S.P. HGH for re-  
14 epithelialization when such use is not scientifically or legally approved.

15 *Patient J.C.*

- 16 86. On November 30 2006, patient J.C., at the time a 41-year old male, began seeing  
17 Dr. Pirie for HGH and testosterone. J.C. had been using AndroGel.
- 18 87. J.C.'s medical records indicate that he had run four marathons in the past year and  
19 was interested in competing in the Iron Man competition.
- 20 88. J.C.'s laboratory results revealed normal CBC, lipid profile, glucose, BUN and  
21 creatine, electrolytes, liver enzymes, TSH, thyroid studies, PSA, and DHEA. J.C.'s  
22 testosterone, dihydroxytestosterone and IGF-1 were elevated.
- 23 89. J.C.'s medical records do not indicate that Dr. Pirie performed a physical  
24 examination of J.C. Dr. Pirie testified that a physical had been performed, but that  
25 the documentation was later found in a "To Be Filed" file in her office.
- 26

- 1 90. Dr. Pirie diagnosed J.C. with adult growth hormone deficiency, adrenal  
2 insufficiency, benign prostatic hypertrophy, drug maintenance therapy, hepatic  
3 dysfunction, hormonal imbalance, hyperlipidemia, hypothyroidism, multiple  
4 nutritional deficiencies, testicular hypofunction and urinary tract infection.
- 5 91. Dr. Pirie deviated from the standard of care in that her diagnoses and treatment of  
6 J.C. for adult growth hormone deficiency and adrenal insufficiency were  
7 unsubstantiated.
- 8 92. Dr. Pirie deviated from the standard of care in that J.C.'s medical records do not  
9 support a diagnosis of benign prostatic hypertrophy.
- 10 93. Dr. Pirie deviated from the standard of care in that J.C.'s records do not indicate a  
11 change in his liver enzymes to support a diagnosis of hepatic dysfunction.
- 12 94. Dr. Pirie deviated from the standard of care in that J.C.'s records do not indicate  
13 that he had hyperlipidemia or hypothyroidism.
- 14 95. Dr. Pirie deviated from the standard of care in that J.C. did not present symptoms,  
15 nor was there laboratory work conducted, to support a diagnosis of a urinary tract  
16 infection.
- 17 96. Dr. Pirie deviated from the standard of care in that she continued to have J.C. on  
18 testosterone therapy even though his testosterone levels were elevated.
- 19 97. Dr. Pirie deviated from the standard of care in that she did not properly assess  
20 whether J.C.'s history indicated that he was seeking hormones to enhance his  
21 athletic performance.

## 22 CONCLUSIONS OF LAW

- 23 1. The Board has jurisdiction over Dr. Pirie and the subject matter of these  
24 complaints.  
25  
26

1 2. Pursuant to A.R.S. § 41-1092.07(G) (2) and A.A.C. R2-19-119(B), the Board has  
2 the burden of proof in this matter. The standard of proof is preponderance of the  
3 evidence. A.A.C. R2-19-119(A).

4 3. Dr. Pirie committed unprofessional conduct in violation of A.R.S. § 32-1854(2),  
5 which prohibits the following: "Committing a felony, whether or not involving  
6 moral turpitude, or a misdemeanor involving moral turpitude. In either case  
7 conviction by any court of competent jurisdiction is conclusive evidence of the  
8 commission." The evidence of record supports this conclusion. A matter in strong  
9 aggravation is that Dr. Pirie's felony conviction pertained to her practice of  
10 osteopathic medicine.

11 4. Dr. Pirie committed unprofessional conduct in violation of A.R.S. § 32-1854(5),  
12 which prohibits the following: "Prescribing, dispensing or administering controlled  
13 substances or prescription only drugs for other than accepted therapeutic  
14 purposes." The evidence of record supports this conclusion.

15 5. Dr. Pirie committed unprofessional conduct in violation of A.R.S. § 32-1854(6),  
16 which prohibits the following: "Engaging in the practice of medicine in a manner  
17 that harms or may harm a patient or that the board determines falls below the  
18 community standard." The evidence of record supports this conclusion.

19 6. Dr. Pirie committed unprofessional conduct in violation of A.R.S. § 32-1854(21)  
20 (a), which prohibits the following:

21 Failing or refusing to establish and maintain adequate records on a  
22 patient as follows:

23 (a) If the patient is an adult, for at least seven years after the last date the  
24 licensee provided the patient with medical or health care services.

25  
26 The evidence of record supports this conclusion.



- 1 7. Dr. Pirie committed unprofessional conduct in violation of A.R.S. § 32-1854(38),  
2 which prohibits the following: "Any conduct or practice that endangers a patient's  
3 or the public's health or may reasonably be expected to do so." The evidence of  
4 record supports this conclusion.
- 5 8. Dr. Pirie committed unprofessional conduct in violation of A.R.S. § 32-1854(44),  
6 which prohibits the following: "Conduct that the board determines constitutes  
7 gross negligence, repeated negligence or negligence that results in harm or death  
8 of a patient." Dr. Pirie's conduct constituted repeated negligence as described in  
9 the above-provided Findings of Fact.
- 10 9. Pursuant to A.R.S. 32-1855(I), the Board has the authority to impose discipline  
11 upon Dr. Pirie's license for the above-described violations.

12 **ORDER**

13 Based on the foregoing Findings of Fact and Conclusions of Law,  
14 IT IS HEREBY ORDERED:

- 15 1. Respondent's license, License No. 1878 for the practice of osteopathic  
16 medicine in the State of Arizona is revoked on the effective date of this Order.
- 17 2. Respondent is assessed the cost of formal hearing. Those costs shall be  
18 paid on or about thirty-five (35) days from the date the Board issues an invoice for those  
19 costs, unless that deadline is extended by the Board or Executive Director.

20 **NOTICE OF RIGHT TO REQUEST REVIEW OR REHEARING**

21 Respondent has the right to request a rehearing or review of this matter pursuant to  
22 A.R.S. § 41-1092.09. The motion for rehearing or review must be filed with the Arizona  
23 Board of Osteopathic Examiners within thirty (30) days. If Respondent files a motion for  
24 review or rehearing, that motion must be based on at least one of the eight grounds for  
25 review or rehearing that are allowed under A.A.C. R4-22-106(D). Failure to file a motion  
26 for rehearing or review within 30 days has the effect of prohibiting Respondent from



1 seeking judicial review of the Board's decision. Service of this order is effective five (5)  
2 days after date of mailing. A.R.S. § 41-1092.09(C). If a motion for rehearing or review  
3 is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to  
4 Respondent.

5 ISSUED THIS 24<sup>th</sup> DAY OF November, 2010.



STATE OF ARIZONA  
BOARD OF OSTEOPATHIC EXAMINERS  
IN MEDICINE AND SURGERY

By: Elaine LeTarte  
Elaine LeTarte, Executive Director

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Original filed this 24<sup>th</sup> day of  
November, 2010 with the:

Arizona Board of Osteopathic Examiners  
In Medicine and Surgery  
9535 East Doubletree Ranch Road  
Scottsdale AZ 85258-5539

17  
18  
19  
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Copy of the foregoing sent via certified mail,  
return receipt requested this 24<sup>th</sup>  
day of November, 2010 to:

Lynne Pirie  
Address of Record

21  
22  
23

Pamela J. Eaton, Esq.  
4158 W. Beryl Avenue  
Phoenix, Arizona 85051  
Attorney for Respondent

24  
25  
26

Copies of the foregoing sent via electronic mail  
this 24<sup>th</sup> day of November, 2010 to:

Camila Alarcon, Asst Attorney General

1 Office of the Attorney General CIV/LES  
2 1275 West Washington  
3 Phoenix AZ 85007

4 Christopher Munns, Asst Attorney General  
5 Office of the Attorney General / SG&O  
6 1275 West Washington  
7 Phoenix AZ 85007

8 Brian Tully, ALJ  
9 Office of Administrative Hearings  
10 1400 West Washington, Ste 101  
11 Phoenix AZ 85007

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